DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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MANE OF PROVIDER OR SUPPLIER NHC HEALTHCARE, JOHNSON CITY (P4) io PRETRY TAG (PA) io REGULATORY OR ISC IDENTIFYING INFORMATION) (K 068) SS=D Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharging air to the outside air. 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the basement gas-fire hot water heater room was located in a none (1) hour fire rated room and was ventilated with a minimum 100 square inches opening, taking combustion air and discharging air to the outside of the building. The findings include: Observation and Interview during a follow-up survey, with the Maintenance Director, on February 26, 2013 at \$1.5 am. confirmed the basement opening in the outside. This strinding was verified by the Administrator during the akt conference on February 28, 2013.	STATEMENT OF DEFICIENCIES (X1) PROVID AND PLAN OF CORRECTION IDENTIFY		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
MAKE OF PROVIDER OR SUPPLIER NHC HEALTHCARE, JOHNSON CITY CA9 ID SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 3299 BRISTOL HWY JOHNSON CITY, TN 37601 CA9 ID SUMMARY STATEMENT OF DEFICIENCIES PAGE DEFICIENCY MUST BE PRECEDED BY FULL PAGE DEFICIENCY MUST BE PRECEDED BY FULL PAGE DEFICIENCY OR SCIED DEFIT FING INFORMATION DR PREVIORE PLAN OF CORRECTION SHOULD BE CROSS-REPERREDED TO THE APPROPRIATE DEFICIENCY				A. BUILDIN	NG 01 - MAIN BUILDING 01		
NHC HEALTHCARE, JOHNSON CITY O(4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL RECOLLATIONY OF LSC IDENTIFYING INFORMATION) (K 068) NFPA 101 LIFE SAFETY CODE STANDARD Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the basement gas-fire hot water heater room was located in a one (1) hour fire rated room and was ventilated with a minimum 100 square inches opening, taking combustion air and discharging air to the outside of the building. The findings include: Observation and interview during a follow-up survey, with the Maintenance Director, on February 26, 2013. Systematic Changes: No more employee gatherings in room February 28, 2013. STREET ADDRESS, CITY, STATE, ZIP CODE 3209 BRISTOL HWY JOHNSON CITY, TX 37601 PRECIVE PROVIDERS TAIN OF CORRECTION (SIGNATOR) (AC OF SECRETION (SI				B. WING		· ·	
RECOLLATORY OR LSC IDENTIFYING INFORMATION RECOLLATORY OR LSC IDENTIFY ACTION OR LANCE IN INFORMATION OR LANCE IN INFORMATION OR LANCE IN INFORMATION OR LS	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3209 BRISTOL HWY						
Combustion and ventilation air for boiler, incinerator and heater rooms is taken from and discharged to the outside air. 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the basement gas-fire hot water heater room was located in a one (1) hour fire rated room and was ventilated with a minimum 100 square inches opening, taking combustion air and discharging air to the outside of the building. The findings include: Observation and interview during a follow-up survey, with the Maintenance Director, on February 26, 2013 at 9:15 a.m. confirmed the basement gas-fire hot water heater was not located in a 1-hour rated room and was ventilated with a 6-inch round opening and direct 6-inch event. The exterior door failed to have louvered opening to the outside. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on February 26, 2013.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FILL)		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE	SS=D	Combustion and verincinerator and hear discharged to the or discharged to the or discharged to the or discharged to the or determined the base heater room was look rated room and was 100 square inches or and discharging air or discharging ai	intilation air for boiler, the rooms is taken from and utside air. 19.5.2,2 In not met as evidenced by: on and interview, it was ement gas-fire hot water cated in a one (1) hour fire eventilated with a minimum opening, taking combustion air to the outside of the building. Erview during a follow-up intenance Director, on at 9:15 a.m. confirmed the ot water heater was not ated room and was ventilated opening and direct 6-inch por failed to have louvered dec. Iffied by the Maintenance inowledged by the the exit conference on		Corrective Action: A ventilated door to the outside hadded, the door to the boiler root been removed, a pull station and have been added in the basemer making it a one hour rated room, are to be no other employee gather room and all other equipment removed from room. Identify other areas: There are no other boiler rooms building. Systematic Changes: No more employee gatherings in Monitors: Sign will be posted that employed not to use the basement.	m has I exit sign int There nerings in t will be in the	3/15/2013

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

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